

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

11097-62-044605

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11097

DO NOT WRITE
ON THIS STUB

AMENDED

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

City Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1301 Wachtel Avenue

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Arthur

C.

May

4. DATE OF DEATH

Month

Day

Year

November

18,

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/29/1904

9. AGE (last birthday)

58

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Utility Brewer

10b. KIND OF BUSINESS OR INDUSTRY

Anheuser-Busch

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Charles May

13b. MOTHER'S MAIDEN NAME

Emma Biekel

14. NAME OF HUSBAND OR WIFE

Dorothy Spies May

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

17. INFORMANT

Address

Dorothy May 1301 Wachtel Avenue, Lemay, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cornary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

Immediate

DUE TO (b)

Arteriosclerotic Heart Disease

2 yrs.

DUE TO (c)

420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 1962 to Nov 1962 and last saw him alive on 10-6-62

Death occurred at 3:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

5203 Chippin St. Lemay, Mo. 11-19-62

22c. DATE SIGNED

23a. BURIAL, CREMATION REMOVAL (Specify)

Cremation

23b. DATE

Nov. 21, 1962

23c. NAME OF CEMETERY OR CREMATORY

Missouri Crematory

23d. LOCATION (City, town, or county)

St. Louis, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

C. Hoffmeister Mortuaries

25. DATE RECD. BY LOCAL REG.

NOV 19 1962

26. REGISTRAR'S SIGNATURE

Roan Smith, M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

1
4:00 3L

3

4 0

5 1

6

7 0

8 2

9

10

11

12 7:52-0

13

75

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bill C. Branson

Licensed Embalmer No. 476X

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.